



Princeton Family YMCA **CONFIDENTIAL** Application for Financial Assistance

It is the policy of the Princeton Family YMCA to provide services for any person who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the standard membership or program fees. Those not able to pay the full fee may be awarded partial assistance based on their demonstrated need.

ELIGIBILITY

Assistance will be granted on the basis of financial need, when funds are available. The household income guidelines used by the Princeton Family YMCA will be used as initial eligibility criteria.

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their YMCA involvement; therefore, applicants may be asked to pay a portion of the membership or program fees.

Financial assistance will be reviewed for eligibility for the summer camp. Written notification will be given once a decision is made.

HOW TO APPLY

Applicants must complete all standard YMCA membership or program forms along with the application.

An appointment may be necessary with a member of the professional YMCA staff to discuss the need for assistance. All application records will be kept confidential.

Proof of income must be submitted including current year 1040 Federal Income Tax form, recent payroll stub, and all sources of household income (i.e., social security, disability, local/state/federal assistance, grants from other entities, child support, alimony, etc.).

Failure to have all requested information may result in delaying the process.

SELECTION PROCESS

A confidential review of the application and possible personal interview with the applicant will determine financial assistance eligibility. The YMCA reserves the right to refuse assistance to any applicant.

Once financial assistance is established, the YMCA reserves the right to retain any payments the applicant has made to date (i.e., deposits, payments, etc.). The YMCA has the right to review the applicant's eligibility at any time.

If found that false information was presented, the YMCA has the right to terminate the assistance immediately.

FINANCIAL ASSISTANCE APPLICATION

Please indicate type of membership financial assistance is being requested:

Full Facility Membership ___ Family Facility Membership ___ Teen/Youth Facility Membership ___
Program Youth Membership ___ Program Adult Membership ___

Please indicate type of program financial assistance is being requested:

Child Care ___ Youth (dance, arts etc.) ___ After-School ___ Aquatics Department ___
Discovery Camp ___ Camp MVP (basic camp) ___ Youth/Adult Sports ___

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PERSONAL (please print clearly)

Applicant _____ Male _____ Female _____ Date of Birth _____
Spouse _____ Date of Birth _____
Street Address _____ City _____ State _____ Zip _____
Phone (home) _____ (business) _____ E-Mail _____

DEPENDENT CHILDREN (under 18 years of age)

Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

List all others living at this address and relationship to you: _____

EMPLOYMENT

Applicant's Employer _____ Number of years _____
Employer Address _____
Spouse's employer _____ Number of years _____
Employer Address _____

INCOME (before taxes) PER MONTH

Wages, salaries, tips: _____ Unemployment comp: _____ Social Security comp: _____ Child support: _____
Food stamps _____ Welfare _____ Support from charities: _____ State subsidized funding: _____
401K/retirement: _____ Alimony: _____ Other: _____

Total household income must be provided. **PROOF OF ALL INCOME MUST BE PRESENTED. FAILURE TO DO SO WILL DELAY THE PROCESS.** Include a payroll stub or letter from employer verifying salary and 2006 Federal 1040 tax return. W-2 is not acceptable.

GENERAL

Please detail the reason requesting financial assistance: _____

Have you applied to any other camps? If so, please specify: _____

Have you applied for financial assistance, grants; other programs (Child Care Connection)? If so, which program? _____

Have you been awarded any funds? If so, please specify. _____

Have you ever been awarded assistance from the Princeton Family YMCA? Yes ___ No ___ Date: _____

If yes, for which program (membership, school age child care)? _____

In completing this application and signing it, I certify that the information supplied herein is true, accurate, and complete to the best of my knowledge.

Applicant's signature _____ Date _____

FOR YMCA STAFF USE ONLY:

Interview conducted by _____ Date _____ In person Telephone

Comments: _____

General: Total Award/% \$ _____ /% _____ Department: _____

MASH/CDC: Monthly Award/% \$ _____ /% _____

Camp: # of Weeks of Camp: _____ Award per session/% \$ _____ /\$ _____ Total assistance awarded: \$ _____

Notification Letter date mailed: _____ If assistance declined/waived, date: _____ Director _____